

PROVIDER SATISFACTION SURVEY

Thank you for being a participating provider of IntegraPartners IPA. As part of our ongoing dedication and commitment to quality, we are respectfully asking you to complete this survey. Your responses will help us to improve and enhance our service to you as a valued provider. We have used a scale system for your convenience.

1 = not satisfied, 3 = satisfied, 5 = very satisfied

Integra’s policies, procedures, and news brief’s are communicated clearly on a frequent basis.

1 2 3 4 5

Customer Service representatives identify themselves and speak in a courteous manner.

1 2 3 4 5

Customer Service representatives are knowledgeable and are able to understand and solve my issues in a timely manner.

1 2 3 4 5

Claims representatives are knowledgeable and consistent when I contact them regarding billing inquiries.

1 2 3 4 5

Claims are paid accurately and in a timely fashion.

1 2 3 4 5

I have been notified by Integra about claims that Integra offers to pre-process and repair prior to submission of claims to the payer(s).

1 2 3 4 5

Integra’s personalized one-on-one training session for Doctor.Com is helpful and I am happy with the trainer.

1 2 3 4 5

I would recommend Integra to other providers and payers.

1 2 3 4 5



IntegraPartners

Single Source Solution for DME . O&P

Please indicate if there are any payers that you would like Integra to contract with so that you may treat their members via Integra.

Are there any individuals at Integra that you would like to acknowledge for exceptional service? If so, please name the individual and the reason for acknowledgement:

Integra Representative	Comments

Is there any particular issue that you would like to address, or any question that you would like to be included on future surveys?

If you have not been satisfied when communicating with an Integra employee, please indicate the name of the individual and your recommendation(s) for improvement:

Integra Representative	Comments / Recommendations for Improvement or Enhancement

Additional Comments:

Many thanks in advance for participating in this survey. We value your feedback and commit ourselves to enhancing and improving our services according to your needs. Please feel free to send this survey to us via FAX (718.287.1229) or E-MAIL (info@integrah.com). We encourage you to complete your contact information below so that we may contact you to discuss any issues indicated in this survey.

Name:	Telephone #:
Facility Name and Address:	E-Mail and Website Address:

Date of Survey Completion: _____